

Revised December 1974

57287

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000815

PRODUCER OF WASTE (Must be filled by producer)

Name: ALUMINUM CO OF AMERICA ☐ ☐ ☐ ☐

(PRINT OR TYPE) CODE NO.

Pick up Address: 5151 ALCOR AVE KERNON

(NUMBER) (STREET) (CITY)

Telephone Number: (918) 586-1441 P.O. or Contract No.: LA397333

Order Placed By: J HERON Date: 6-7-80

Type of Process
which Produced Wastes: ALUMINUM FABRICATOR ☐ ☐ ☐ ☐

(Examples: metal plating, equipment cleaning, oil drilling
wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☒ Other (Specify) ALUMINUM OXIDES & WATER

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Properties of Waste:

pH 7.9 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: QT 4 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other SPECIFY

Containers: _____ ☐ drums ☐ cartons ☐ bags ☒ other TRANS (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other SPECIFY

Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

999000815

☐ ☐ ☐
CODE NO.

Pick Up: 6.6.80 Time: 11am
(DATE) (1)pm

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: _____ No. of Loads or Trips: _____ Unit No. 4

Vehicle: ☒ vacuum truck 106 barrels, ☐ flatbed, ☐ other _____
(SPECIFY)


The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Philip Rodriguez
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)		<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
Name (print or type): <i>Operating Industries</i>		CODE NO.	
Site Address: <i>Monterey Park</i>			
<p>The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.</p>			
Quantity measured at site (if applicable): _____		State fee (if any): _____	
Handling Method(s):			
<input type="checkbox"/> recovery		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
<input type="checkbox"/> treatment (specify): _____		CODE NO.	
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)			
<input type="checkbox"/> disposal (specify):		<input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input type="checkbox"/> injection well	
<input type="checkbox"/> other (specify): _____		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
		CODE NO.	
If waste is held for disposal elsewhere specify final location: _____			
Disposal Date: <i>6-7-80</i>			

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.


SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

DOT Proper Shipping Name

BILLING COPY